

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1					
17		1				
18		1				
19		1				
20		1				
21		2				
22		2				
23	1					
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30	1					
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32		1				
33		1				
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35		1				
36		1				
37		3				
38		3				
39						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	39					
TOTAL CLAIMS	44					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						